

I CERTIFY AND AGREE TO THE FOLLOWING:

1. I am not currently using illegal drugs or abusing prescription medication(s) and I am not undergoing treatment for substance dependence (addiction) or abuse. I am reading and making this agreement while in full possession of my faculties and not under the influence of any substance that might impair my judgment.
2. I have never been involved in the sale, illegal possession, misuse/diversion or transport of controlled substance(s) (narcotics, sleeping pills, nerve pills, or painkillers) or illegal substances (marijuana, cocaine, heroin, etc.)
3. No guarantee or assurance has been made as to the results that may be obtained from chronic pain treatment. With full knowledge of the potential benefits and possible risks involved, I consent to chronic pain treatment, since I realize that it provides me an opportunity to lead a more productive and active life.
4. I have reviewed the side effects of the medication(s) that may be used in the treatment of my chronic pain. I fully understand the explanations regarding the benefits and the risks of these medication(s) and I agree to the use of these medication(s) in the treatment of my chronic pain.

I understand that if I violate any of the above conditions, my prescription for controlled substances may be terminated immediately. If the violation involves obtaining controlled substance medications from another individual, or the use of non-prescribed illicit drugs, I may also be reported to all my physicians, medical facilities and appropriate authorities.

I have read this agreement and the same has been explained to me by Pinnacle Pain Medicine staff. In addition, I fully understand the consequences of violating this agreement may include cessation of therapy with controlled substances and/or discharge from Pinnacle Pain Medicine.

Robert Pluk

Patient Signature

05/23/2013

Date

K. Leal

Physician Signature (or Appropriately Authorized Assistant)

5.24.13

Date

Walgreens

Name and contact for the Pharmacy